

FORM: CERTIFICATE OF CHOICE FORM

(\*\*\*Notice: DMHMR Certification Standards Currently Require this Certificate of Choice Form to be completed Annually. This Requirement will be enforced until such time as a Waiver Amendment can be Prepared, Submitted, and Approved. 12/20/2005)

- ✓ PROGRAM: Enter the performing provider name
- ✓ CLIENT NAME: Enter the name of the person receiving services
- ✓ CLIENT'S MEDICAID NUMBER: Enter the Medicaid number
- ✓ Signature of either the Person receiving services or by written acknowledgement of his or her representative and date; if there is a legal representative-this person should sign and date.
- ✓ Freedom of choice documentation should be attached to consumer's application and maintain at the Alabama DMH-MR; Medicaid agency and service provider location.